

AUTHORIZATION TO REGISTER MY VEHICLE

LIVE INK ONLY- NO COPIES
ORIGINAL ONLY

VEHICLE DESCRIPTION:			
PLATE #	YEAR	MAKE	VIN OR TITLE #
INSURANCE COMPANY NAME		POLICY NO	EXP DATE

VEHICLE OWNER'S NAME AND DL # (REQUIRED)

authorize the person listed below to register my motor vehicle

PRINT NAME OF AUTHORIZED PERSON AND DL # (REQUIRED)

X

SIGNATURE OF OWNER

DATE

NOTE: IF VEHICLE HAS BEEN PARKED AND NOT USED RECENTLY, PLEASE SIGN NON-USE STATEMENT VERIFYING LAST USED.

NONUSE STATEMENT:

X _____ NONUSE DATE _____ TO _____

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